

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 378
Registered No. 378

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 414 Gibson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Martin Lorenzo Garcia { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth Aug 10 1929
Month Day Year

8. FATHER Full name Martin Garcia 14. MOTHER Full maiden name Dolores Ramirez

9. Residence 414 Gibson St (Usual place of abode) 15. Residence 414 Gibson St (Usual place of abode)
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 33 (Years) 16. Color or race Mexican 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Tecolotecho (State or country) Jalisco Mexico 18. Birthplace (city or place) Tecolotecho (State or country) Jalisco Mexico

13. Occupation Miner Nature of Industry _____ 19. Occupation Housewife Nature of Industry _____

20. Number of children of this mother _____ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 2 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 2 p. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Rosa Cortez

(Physician or midwife).

Given name added from a supplemental report. Month, day, year

Address 806 Sullivan St

Filed Aug 15 1929 C. E. Dorn Registrar

Registrar

471-810-499